

#### **Appeals process**

Decisions regarding medical necessity may be appealed to the Appeals Department at the SUPPORT Program by calling 1-800-321-8074. If you do not agree with this decision, you may request an independent decision as well as information concerning the steps in the process for resolving complaints and grievances. Put this request in writing and mail it to:

SUPPORT Program P.O. Box 82060 Rochester, MI 48308-2060

### **Emergency assistance or more information**

The SUPPORT Program is available to you from 8 a.m. to 5 p.m., Monday through Friday. A SUPPORT Program representative will be happy to assist you in an emergency or answer questions you may have about the Program.

#### What's covered

The SUPPORT Program covers medically necessary items that your physician prescribes for use at home. Items can be rented or purchased, depending on the type of product and your medical need.

The program covers:

- Durable medical equipment, such as hospital beds, wheelchairs and walkers
- Respiratory equipment, such as oxygen concentrators and apnea monitors
- Prosthetic devices, such as artificial limbs and mastectomy supplies
- Orthotic devices, such as leg and back braces
- Medical supplies, such as glucometers and ostomy supplies

#### How the program works

SUPPORT items are covered if they're medically necessary and prescribed by a physician. Simply call SUPPORT at 1-800-321-8074, from 8 a.m. to 5 p.m. Monday through Friday. A SUPPORT representative will be available to coordinate your care. The representative will verify your eligibility, discuss your needs and direct you to a network supplier near you. Then take, mail, or fax your physician's prescription to the network supplier and your equipment or supplies will be available. You can visit the supplier, or the supplier can mail or deliver your order to you.

### Added convenience of mail order makes it easy to get your supplies

Diabetic, ostomy, and urological supplies are available through mail order providers. Call a SUPPORT representative at 1-800-321-8074 and they will direct you to the appropriate mail order service. You should receive your order in two to four days.

#### When only the best will do

The SUPPORT Program is administered in Michigan by ABP Administration. Each SUPPORT network supplier must meet the high standards presented by the American Board for Certification in Prosthetics and Orthotics and the Joint Commission on Accreditation of Healthcare Organizations.

The SUPPORT Program offers savings and convenience when you need medical equipment and supplies. Contact the SUPPORT Program directly at 1-800-321-8074 for all of your prosthetic, orthotic and rehabilitation needs.

# You have **SUPPORT**For your medical equipment and supplies needs

You need a hospital bed, a wheelchair, or diabetic supplies. How do you get them? Whom do you call? Who will show you how to use it? Better yet, who will pay for them?

Getting medical equipment or supplies can be a confusing experience — and expensive. But with the SUPPORT Program, you'll be worry-free.

- Select
- **U** tilization of
- P roviders for
- P rosthetic
- rthotic and
- R ehabilitative
- T echnology

#### Rest assured. You have SUPPORT.

When your physical condition requires you to use medical equipment, prosthetics and orthotics, or medical supply, it's reassuring to know that you're covered for a comprehensive array of medical equipment and products through the SUPPORT Program. This program, part of your State Health Plan PPO, applies to items used in your home that have been prescribed by a physician. These are the items you purchase or rent from an independent medical supplier, not the ones you use during a hospital stay or purchase from your doctor.

### No cost when you use a SUPPORT supplier

The SUPPORT Program features a statewide network of independent medical suppliers where you can obtain medically necessary medical equipment and supplies, prosthetics and orthotics with no out-of-pocket costs.

All SUPPORT suppliers accept Medicare assignments, so you don't have to be concerned about coordinating benefits. Use a SUPPORT network supplier and you're covered.

### Using a non-SUPPORT supplier will cost you

When you use a SUPPORT supplier in Michigan for covered services, you'll have no out-of-pocket costs. However, if you use a non-SUPPORT supplier, you'll have to pay out-of-pocket costs equal to 20 percent of the approved amount, plus the difference between the supplier's charge and the approved amount.



## Convenient and money saving...

With the SUPPORT Program, your medical equipment and supplies are available through your local medical supplier at no cost to you.



### Medical equipment and supplies outside of Michigan

The SUPPORT network does not apply outside Michigan. For medical equipment and supplies elsewhere in the U.S., you can minimize your out-of-pocket expenses by using suppliers that participate with the local Blue Cross Blue Shield plan.

#### Claims for out-of-network services

If you receive services out of the SUPPORT network, ask the provider to submit a claim form on your behalf. The provider should mail the claim form, a copy of the prescription and a copy of your receipt for payment to the SUPPORT Program (see address below).

If you submit the out-of-network claim, you should ask the provider for an itemized bill that includes the following information:

- Your name and Social Security number
- Patient's name
- A detailed description of the equipment
- Charge for the equipment
- How long you expect to need the equipment
- Date of service
- Diagnosis
- Provider's name, address, phone number and tax ID number
- A copy of the prescription
- Explanation of Medicare benefits (for Medicare recipients only)

Send this information to: SUPPORT Program P.O. Box 82060 Rochester, MI 48308-2060